

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER 1:24-cv-00165-JAW	
DEFENDANT 9 St. Albans Road, Corinna, Maine		TYPE OF PROCESS Civil Decree of Forfeiture	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN U.S. Marshals Service		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 156 Federal Street, Portland, ME 04101		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Assistant United States Attorney Andrew Lizotte United States Attorney's Office 202 Harlow Street, Room 10100 Bangor, ME 04401		Number of process to be served with this Form 285 1 Number of parties to be served in this case 1 Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): CATS # 24-DEA-712446 - As to the real property located at 9 St. Albans Road, Corinna, Maine, secure and maintain the premises under the terms and conditions as recently discussed between USMS and USAO, including, as necessary removing any unauthorized persons. Permit entry of persons authorized by the USAO, to include Penquis CAP employees, who may enter and inspect the real property in order to evaluate the same for possible application and transfer under the USMS Operation Goodwill Program. To the extent no transfer occurs in a timely manner (continued below under remarks)			
Signature of Attorney other Originator requesting service on behalf of: KIMBERLEY WOODWARD <small>Digitally signed by KIMBERLEY WOODWARD Date: 2024.10.09 09:59:28 -04'00'</small>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 207 780-3257 DATE 10/9/2024
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for U.S.M. 285 if more than one U.S.M. 285 is submitted)	Total Process	District of Origin No. 36	District to Serve No. 36 Signature of Authorized USMS Deputy or Clerk Date 10/10/24
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date 11-15-2024	Time 0930 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy 4636	
Costs shown on attached USMS Cost Sheet >>			
REMARKS			

under the USMS Operation Goodwill Program, USMS to sell/liquidate the property under the terms and conditions as recently discussed between USMS and USAO.